FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90006 023 ***150.00

DOCUMENT # P97000108651 1. Corporation Name					
RPH & A	SSOCIATES, INC.				
Principal Place	of Business	Mailing Address		· · · ·	† (GD)(GD) 170 (G)(1 (CD)(C DD)(1 GD)(D) (1011 GD)(D) (1011 GD)(D) (D)(D)
2247 NW 56TH STREET 2247 NW 56TH S					
BOCA RATON F US	FL 33469	BOCA RATON FL 33496 US			DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed
. Mailing Address					12/30/1997 4. FEI Number / Applied For
2. Principal Place of Business 2a. Mailing Address 25		2a. Mailing Address			-65-0313692 65-0813692 Not Applicable
Suite, Apt. #, etc.			_		\$8.75 Additional
22 27					ee Required
	City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip Country			B. This corporation owes the current year Intangible
24	25	29 30	ดิ		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
CDA	NET LLOVO		81	Name	
GRANET, LLOYD 5200 TOWN CENTER CIRCLE, SUITE 301			82	Street Add	ress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33486			83		
			-	011	- 85 Zip Code
			84		FL ()
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes		, and a second of the second o
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Ager	nt signature require	ed when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE .	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HONIG, RON		1.2 NAME		
STREET ADDRESS	2247 NW 56TH STREET			TADDRESS	
CITY-ST-ZIP TITLE	BOCA RATON FL 33496 VP	□ DELETE	1.4 CITY-S' 2.1 TITLE	T-ZIP	☐ Change ☐ Addition
NAME	HONIG, SUSAN		2.2 NAME		
STREET ADDRESS	2247 NW 56TH STREET		2.3 STREET	TADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		2. 4 CITY-5	ST-ZIP	
TITLE	DELETE DELETE		3.1 TITLE		☐ Change ☐ Addition
NAME	·		3.2 NAME		
STREET ADDRESS			3.3 STREE		
CITY-ST-ZIP	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE NAME			4.1 MAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE	· DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		•
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		Delete	5.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
NAME				TADDRESS I	

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: